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One Metropolitan Square, 16th Floor  
St. Louis, Missouri 63102Telephone (314) 231-5400  
Facsimile (314) 231-4342**FACSIMILE TRANSMITTAL COVER SHEET**DATE: 2/6/2006 FILE NUMBER: MS#160297.01 (4936)  
PTO FACSIMILE NUMBER: 571-273-4073PLEASE DELIVER THIS FACSIMILE TO: Mail Stop RCE  
THIS FACSIMILE IS BEING SENT BY: Frank R. Agovino  
NUMBER OF PAGES: 4 INCLUDING COVER SHEETTIME SENT: 4:19 pm OPERATOR'S NAME Michelle**CERTIFICATION OF FACSIMILE TRANSMISSION**I hereby certify that this paper is being facsimile transmitted to  
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Michelle Grindstaff  
Signature2-6-06  
DateType of paper transmitted: Request for Continued Examination; Fee  
TransmittalApplicant's Name: Thomas G. HazelSerial No.: 09/880,504 Examiner: T. VuFiling Date: 6/13/2001 Art Unit: 2174 Confirmation No.: 5339Application Title: DYNAMIC MULTIPLE WINDOW DISPLAY HAVING  
INDEPENDENTLY LINKED WINDOWSIF YOU DO NOT RECEIVE ALL PAGES CLEARLY, CALL BACK AS SOON AS  
POSSIBLE. CONFIRMING NUMBER IS (314) 231-5400.

FEB 06 2006

FEE TRANSMITTAL

Application Number 09/880,504  
Filing Date June 13, 2001  
Inventor(s) Thomas G. Hazel  
Examiner Name Thanh T. Vu  
Attorney Docket Number MS#160297.1 (MSFT 4936)

Art Unit 2174  
Confirmation No. 5339

☐ Applicant claims small entity status.

METHOD OF PAYMENT

- ☒ The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.
- ☐ Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. ☐ BASIC FILING, SEARCH AND EXAMINATION FEES  
(Type: \_\_\_\_\_) Subtotal (1) \$ \_\_\_\_\_
2. ☐ EXCESS CLAIM FEES
- |  |       |   |       |      |   |   |   |     |       |              |          |
|--|-------|---|-------|------|---|---|---|-----|-------|--------------|----------|
| Total Claims                             | _____ | - | _____ | (HP) | = | 0 | x | Fee | _____ | =            | \$0.00   |
| Indep Claims                             | _____ | - | _____ | (HP) | = | 0 | x | Fee | _____ | =            | \$0.00   |
| Multiple Dependent Claims Fee            |       |   |       |      |   |   |   |     |       |              | \$ _____ |
| (HP = highest number of claims paid for) |       |   |       |      |   |   |   |     |       |              |          |
|  |       |   |       |      |   |   |   |     |       | Subtotal (2) | \$0.00   |
3. ☐ APPLICATION SIZE FEE
- |                          |     |   |     |   |     |      |   |   |   |              |                       |        |
|--------------------------|-----|---|-----|---|-----|------|---|---|---|--------------|-----------------------|--------|
| Total Pages              | N/A | - | 100 | = | NaN | + 50 | = | 0 | x | \$           | =                     | \$0.00 |
| (Application + Drawings) |     |   |     |   |     |      |   |   |   |              | (round up to whole #) |        |
|                          |     |   |     |   |     |      |   |   |   | Subtotal (3) | \$0.00                |        |
4. ☒ OTHER FEE(S)
- |                                     |   |       |                         |
|-------------------------------------|---|-------|-------------------------|
| <input checked="" type="checkbox"/> | One   | _____ | month extension of time |
| <input type="checkbox"/>            | Information disclosure statement                |       |                         |
| <input type="checkbox"/>            | 37 CFR 1.17(q) processing fee                   |       |                         |
| <input type="checkbox"/>            | Non-English specification                       |       |                         |
| <input type="checkbox"/>            | Notice of Appeal                                |       |                         |
| <input type="checkbox"/>            | Filing a brief in support of appeal             |       |                         |
| <input type="checkbox"/>            | Request for oral hearing                        |       |                         |
| <input checked="" type="checkbox"/> | Other: <u>Request for Continued Examination</u> |       |                         |
- Subtotal (4) \$910.00

TOTAL AMOUNT OF PAYMENT \$910.00

Frank R. Agovino  
Reg. No. 27,416

2/6/06  
Date  
Telephone: 314-231-5400

FRA/tmg

Via Facsimile 571-273-8300

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MS#160297.1  
MSFT 4936

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of Thomas G. Hazel  
Serial No. 09/880,504  
Filed June 13, 2001  
Confirmation No. 5339  
For DYNAMIC MULTIPLE WINDOW DISPLAY HAVING INDEPENDENTLY LINKED  
WINDOWS  
Examiner Thanh T. Vu

Art Unit 2174

February 6, 2006

REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL

TO THE COMMISSIONER FOR PATENTS,

02/07/2006 HDENESS1 00000044 191345 09880504  
01 FC:1251 120.00 DA

SIR:

This is a Request for Continued Examination (RCE) under 37  
C.F.R. §1.114 of the above-identified application.

02/07/2006 HDENESS1 00000044 191345 09880504  
02 FC:1801 790.00 DA

## 1. REQUIRED SUBMISSION:

- a. ☒ Previously submitted
- i. ☒ Consider the amendment(s)/reply under 37  
C.F.R. §1.116 previously filed on  
12/15/2005
- ii. ☐ Consider the arguments in the Appeal Brief or  
Reply Brief previously filed on \_\_\_\_\_
- iii. ☐ Other \_\_\_\_\_
- b. ☐ Enclosed
- i. ☐ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement
- iv. ☐ Other \_\_\_\_\_

## 2. MISCELLANEOUS

- a. ☐ Suspension of action on the above-identified  
application is requested under 37 C.F.R. §1.103(c)  
for a period of \_\_\_\_\_ months. (Period of  
suspension shall not exceed 3 months; fee required)
- b. ☐ Other \_\_\_\_\_

## 3. FEES (Required when the RCE is filed)

- a. ☒ The Director is hereby authorized to charge the  
following fees, or credit any overpayments, to  
Deposit Account No. 19-1345. A duplicate copy of  
this sheet is enclosed for fee processing.

MS#160297.1  
MSFT 4936

- i. ☒ RCE fee required under 37 C.F.R. §1.17(e)
- ii. ☒ Extension of time fee
- iii. ☐ Other \_\_\_\_\_

- b. ☐ Check in the amount of \$\_\_\_\_\_ is enclosed. The Commissioner is hereby authorized to charge any underpayment or credit any overpayment to Deposit Account No. 19-1345.

Respectfully submitted,



Frank R. Agovino, Reg. No. 27,416  
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